

ATLAS Number: (if applicable)
Attorney for Petitioner: (if applicable)
Attorney's Bar Number and Email (if applicable)
Attorney for Respondent: (if applicable)
Attorney's Bar Number and Email (if applicable)

**THE SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY
FOR USE IN FAMILY COURT CASES ONLY**

Name of Petitioner (Please PRINT)	Case Number: ALTERNATIVE DISPUTE RESOLUTION STATEMENT TO THE COURT A.R.C.P. 16(g)(2) Check Appropriate Box Below: <input type="checkbox"/> Petitioner's Statement <input type="checkbox"/> Respondent's Statement <input type="checkbox"/> Joint Statement (signed by both parties)
Name of Respondent (Please PRINT)	

As required by Rule 16(g)(2) of the Arizona Rules of Civil Procedure, and under penalty of perjury, the responses below are true to the best of my/our knowledge and belief.

1. Have you and the other party discussed, in person or by telephone, the possibility of settling your case, and whether you might benefit from participating in some form of alternative dispute resolution (ADR)? (Check only one.)
- ☐ (a) YES, and I/we have checked our ADR choices under Number 2, on page 2.
- ☐ (b) YES, but we are not sure which ADR option best fits our situation. (Go to Number 2.)
- ☐ (c) YES, but I/we feel ADR would not be appropriate because: (Check all that apply.)
- ☐ A court Order of Protection or Injunction Against Harassment prohibiting contact is in effect.
- ☐ There is a fear of violence.
- ☐ Other reasons (Please Explain): _____
- _____
- ☐ (d) NO, we have not discussed, because: (Check all that apply. Then go to Number 2.)
- ☐ A court Order of Protection or Injunction Against Harassment prohibiting contact is in effect.
- ☐ There is a fear of violence.
- ☐ Other reasons (Please Explain): _____
- _____

2. Please indicate in the next section which ADR option(s), *if any*, you prefer. Only check boxes in the column that is appropriate for you: If you are the Petitioner, only check boxes in the column for the Petitioner; if you are the Respondent, only check boxes in the column for the Respondent. If both parties are signing this document, make sure each party checks only their own choices. If both boxes are checked, the Court assumes you both agree to that option.

See the separate instructions for an explanation of each of these options.

I am/we are unsure which ADR option is best for our situation. I/we request a (free) conference with a court appointed ADR specialist to discuss options.	Petitioner	Respondent
	<input type="checkbox"/>	<input type="checkbox"/>
Court Sponsored: We wish to use the court sponsored ADR services below.		
Mediation of custody and/or parenting time through Conciliation Services	<input type="checkbox"/>	<input type="checkbox"/>
Expedited Services for child support, spousal maintenance, custody, parenting time (visitation), grandparent visitation	<input type="checkbox"/>	<input type="checkbox"/>
Settlement conference using a judicial officer	<input type="checkbox"/>	<input type="checkbox"/>
Private ADR: We wish to hire and pay for the private ADR services below.		
Mediation of all disputed issues using a private ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Arbitration of all disputed issues using a private ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Settlement conference using a private ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Other private ADR services. What type? _____	<input type="checkbox"/>	<input type="checkbox"/>

3. If any private ADR services were checked above, the name, address and phone number of that private provider, **if known at this time**, is:

Name

Address

Address cont. Phone

4. We expect to complete the ADR service(s) (court provided or private) by: _____.
Month/Day/Year

Sign and print **your own** name below. **DO NOT** write the **other party's** name or signature.

Petitioner's Signature Date

Respondent's Signature Date